

Fill in this information to identify your case:

Debtor 1 Diannah L. Holbrook

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:14-bk-58440
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
- ☐ Not employed

Occupation

self employed home health care p

Employer's name

Diannah L. Holbrook

Employer's address

2565 Glade Road
Beaver, OH 45613

How long employed there?

4 years

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 **Diannah L. Holbrook**

Case number (if known) **2:14-bk-58440**

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4. \$	0.00	N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	\$ 0.00	\$ N/A
5e. Insurance	\$ 0.00	\$ N/A
5f. Domestic support obligations	\$ 0.00	\$ N/A
5g. Union dues	\$ 0.00	\$ N/A
5h. Other deductions. Specify:	\$ 0.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 2,985.67	\$ N/A
8b. Interest and dividends	\$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ N/A
8d. Unemployment compensation	\$ 0.00	\$ N/A
8e. Social Security	\$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	\$ 0.00	\$ N/A
8g. Pension or retirement income	\$ 0.00	\$ N/A
8h. Other monthly income. Specify:	\$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 2,985.67	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 2,985.67 + \$ N/A = \$ 2,985.67	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		\$ 2,985.67 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain:		

United States Bankruptcy Court
Southern District of Ohio

In re Diannah L. Holbrook

Debtor(s)

Case No. 2:14-bk-58440
Chapter 13

AMENDED PROJECTION OF BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing:

\$ 3,200.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income

\$ 2985.67*

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor)

\$ 0.00

4. Payroll Taxes

0.00

5. Unemployment Taxes

0.00

6. Worker's Compensation

0.00

7. Other Taxes

0.00

8. Inventory Purchases (Including raw materials)

0.00

9. Purchase of Feed/Fertilizer/Seed/Spray

0.00

10. Rent (Other than debtor's principal residence)

0.00

11. Utilities

0.00

12. Office Expenses and Supplies

0.00

13. Repairs and Maintenance

0.00

14. Vehicle Expenses

0.00

15. Travel and Entertainment

0.00

16. Equipment Rental and Leases

0.00

17. Legal/Accounting/Other Professional Fees

0.00

18. Insurance

0.00

19. Employee Benefits (e.g., pension, medical, etc.)

0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

TOTAL

21. Other (Specify):

DESCRIPTION

TOTAL

22. Total Monthly Expenses (Add items 3-21)

\$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)

\$ 2,985.67

*Debtor is currently a self-employed home health care provider. This is a new business endeavor, so prior income has no relation to current income. Current income is based on current schedule of providing part-time home health care to three individual patients throughout the week. Debtor's current combined income for all three patients is \$689.00 per week.

Diannah L. Holbrook
/s/ Diannah L. Holbrook
Diannah L. Holbrook, Debtor

Robert R. Goldstein
/s/ Robert R. Goldstein (0059561)
Robert R. Goldstein, Attorney for Debtor

Fill in this information to identify your case:

Debtor 1 Diannah L. Holbrook

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:14-bk-58440
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 173.00

4c. \$ 100.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Diannah L. Holbrook**

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6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	125.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	135.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	300.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	60.00
10. Personal care products and services	10. \$	25.67
11. Medical and dental expenses	11. \$	60.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	210.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	50.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	112.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Income Taxes estimate payments		
	16. \$	160.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
19. Other payments you make to support others who do not live with you.	18. \$	0.00
Specify: _____	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	1,510.67
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,985.67
23b. Copy your monthly expenses from line 22 above.	23b. -\$	1,510.67
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	1,475.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

United States Bankruptcy Court
Southern District of Ohio

In re Diannah L. Holbrook

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Chapter 13

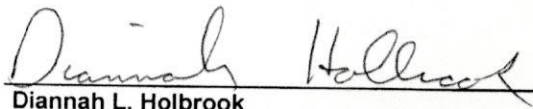
AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of 5 page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date January 22, 2015

Signature


Diannah L. Holbrook

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Certificate of Service

I hereby certify that on January 29, 2015, a copy of the foregoing Amended Schedules I & J were served on the following registered ECF participants, electronically through the court's ECF System at the email address registered with the court:

Frank M. Pees

Brian M. Gianangeli for Creditor Ohio Department of Taxation

Assistant U.S. Trustee (Col)

and on the following by ordinary U.S. Mail addressed to:

Diannah L. Holbrook
2565 Glade Road
Beaver, OH 45613

/s/ Robert R. Goldstein
Robert R. Goldstein (0059561)
Attorney for Debtor